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None ***** MM

** CONTINUING DATA ***** MM

** FOREIGN APPLICATIONS ***** *None* MM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/11/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 25	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				

Verified and
Acknowledged

Michael J. Mau MM
 Allowance
 Examiner's Signature Initials

ADDRESS
26291

TITLE

Packet processing with re-insertion into network interface circuitry

FILING FEE RECEIVED 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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